

ADOPTION THROUGH COLLABORATIVE PARTNERSHIPS: RFP # FAM-11-084
ITEMIZED BUDGET - SALARIES AND EMPLOYEE BENEFITS

FROM / / TO / / CONTRACTOR NAME: _____

SALARIES	HOURS PER WEEK	% OF TIME ON PROJECT	ANNUAL SALARY	AMT REQUESTED FROM DSS
STAFF POSITION				
1.				
2.				
3.				
4.				
5.				
6.				
TOTAL SALARIES REQUESTED FROM DSS	-----	-----	----- -	

EMPLOYEE BENEFITS

NAME OF BENEFIT	STAFF POSITION (# ABOVE)	% OR RATE	ANNUAL COST	AMOUNT REQUESTED FROM DSS
FICA				
PENSION/RETIREMENT				
HEALTH INSURANCE				
WORKER'S COMPENSATION				
UNEMPLOYMENT				
OTHER (SPECIFY)				
TOTAL EMPLOYEE BENEFITS REQUESTED FROM DSS	-----	-----	-----	